

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026192

Registration District No.

318

SL-31158

Primary Registration District No.

1003

Registrar's No.

6997

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 12 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS

Length of stay in 1b
7 Hrs 45 Min

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS

c. CITY OR TOWN ROCK HILL

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VET ADM HOSPITAL

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1238 CHARLANE COURT

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
EDWARD J. MOCKLER

4. DATE OF DEATH Month Day Year
JULY 2 1963

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8-25-1906

9. AGE (last birthday)
56

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
SALESMAN SELF EMPLOYED

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
ST. LOUIS, MISSOURI

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

WILLIAM MOCKLER

13b. MOTHER'S MAIDEN NAME

MARY CUMMINGS

14. NAME OF HUSBAND OR WIFE

PEGGY MOCKLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, if unknown) (If yes, give war or dates of serv)
YES WW 2

16. SOCIAL SECURITY NO.

17. INFORMANT

PEGGY MOCKLER See 2 above

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARDIAL INFARCTION, SUSPECTED

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

DUE TO (c)

CONGESTIVE FAILURE

4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. attended the deceased from 7-2-63 to 7-2-63 and last saw him alive on 7-2-63
Death occurred at 5:35 PM

22a. SIGNATURE DEAN S. MOON (or title)

M.D.

22b. ADDRESS

VAH, ST. LOUIS, MISSOURI

22c. DATE SIGNED

7/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE
JULY 6, 1963

23c. NAME OF CEMETERY OR CREMATORY
CALVARY CEMETERY

23d. LOCATION (City, town, or county) (State)
ST. LOUIS, MO.

24. FUNERAL DIRECTOR

ADDRESS

KRIEGSHAUSER 4228 S. KINGSHIGHWAY BLVD.

25. DATE RECD. BY LOCAL REG.
JUL 5 1963

26. REGISTRAR'S SIGNATURE

Neal Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

OK

7-5-63

7-5-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4533

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.